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INVENTION

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LIVESTOCK BLOW DRYER

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| 1121012211 0220 111 00402 | | | | | Tradrew J. | | | (Dapositors name) | |
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| | | | | | alus | 1.90 | | (Signature) | |
| | | | | | 7 | Ser 4, 2001 | | (Date) | |
| APPLICATION NO. FI | | FILING DATE | TOTAL CLAIMS | | EXAMINER AND | BROUP ART UNIT | DATE MAILED | | |
| 4 | 09/430,709 | 10/29/99 | 033 | SHAW, | E | | 3644 | 06/05/0 | |
| First Named Applicant | SULLIVAN, | | 35 USC 154(b) term ext. = | | | O Days. | | | |
| TITLE OF | LIVESTOCK P | LOW DOVED | | | | | | | |

DATE DUE SMALL ENTITY **FEE DUE** ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE 09/05/01 3 1123.002US1 119-600.000 **H34** UTILITY YES \$620.00 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent Use of PTO form(s) and Customer Number are recommended, but not required. attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address lorm member a registered attorney or agent) Woessner & Klith BA PTO/SB/122) attached. and the names of up to 2 registered palent ☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 4a. The following fees are enclosed (make check payable to Commissioner 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) of Patents and Trademarks): PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pate Inclusion of assignee data is only appropriate when an assignment has been previously submitted to 😿 issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies_10_ filling an assignment. (A) NAME OF ASSIGNEE Sullivan Supply, Inc. (B) RESIDENCE: (CITY & STATE OR COUNTRY) 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 19-0743 **Dunlap, IA**Please check the appropriate assignee category indicated below (will not be printed on the patent) (ENCLOSE AN EXTRA COPY OF THIS FORM) corporation or other private group entity government ☐ individual Advance Order - # of Copies_ 白色 The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application Identified above. (Authorized Signature) 500000 050000

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